

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): MN-504 - Northeast Minnesota CoC

CoC Lead Organization Name: Northeast Minnesota Continuum of Care

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: NE Continuum of Care Committee

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

The Northeast Continuum of Care operates as a coalition of individuals and organizations that work together to end homelessness. The group has elected chairpersons and policies and procedures to guide group decision-making, application processes, and committee structure, but the coalition is not incorporated as a 501(c)3 or any other type of legal entity. To date, there has not been a need to incorporate as the NE Continuum of Care Committee does not solicit funding, employ staff, or enter into contractual agreements.

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 75%

*** Indicate the selection process of group members: (select all that apply)**

Elected: ☐
Assigned: ☐

Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

NE CoC meetings are open to all stakeholders of homelessness and housing programs in the region. Stakeholders include representatives from the public (local government, HRAs, law enforcement officials, school district) and the private sector (service providers, advocate groups, foundations and the faith community). The NE CoC also encourages the business community, concerned citizens and current or formerly homeless persons to participate. NE CoC members network with local service providers and others to ensure that the CoC is represented by stakeholders from a variety of sectors in the community and each of the six counties that make up the CoC. This ensures that planning efforts encompass a range of input, resources and local concerns.

*** Indicate the selection process of group leaders:
(select all that apply):**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

The NE CoC has a strong governing body but currently operates as a coalition of organizations and not as a legal entity. If adequate administrative funding were available, the NE CoC could incorporate as a 501(c)3 and develop systems that would allow the CoC to serve as grantee, apply for funds, and provide oversight. We would find it helpful, however, to have an outside organization, provide project monitoring.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Aitkin Homeless Coalition	Provide input in the NE CoC homeless needs and priorities. Implement the Aitkin Co. Plan to End long term homelessness. Coordinate local discharge planning with Aitkin County jail. Conduct the Point in Time count and plan and host an annual operation community connect event.	Monthly or more
Itasca Housing Issues Advisory Committee	Provide input in the NE CoC homeless needs and priorities. Implement the Itasca Co. Plan to End long term homelessness. Coordinate local discharge planning with Itasca County jail. Conduct the Point in Time count and plan and host an annual operation community connect event. Coordinate HPRP activities in Itasca County and oversee the family homeless prevention grant.	Monthly or more
Koochiching Housing Issues Advisory Committee	Provide input in the NE CoC homeless needs and priorities. Implement the Koochiching Co. Plan to End long term homelessness. Conduct the Point in Time count and plan and host an annual Stand Down Event for Homeless Veterans. Coordinate HPRP grant activities in Koochiching County.	Monthly or more
Carlton Housing Task Force	Provide input in the NE CoC homeless needs and priorities. Implement the Carlton Co. Plan to End long term homelessness. Coordinate an annual operation community connect event.	Bi-monthly
Lake County Housing Dialogue	Provide input in the NE CoC homeless needs and priorities. Implement the Lake Co. Plan to End long term homelessness. Conduct the Point in Time count and plan and host an annual operation community connect event. Coordinate HPRP activities in Lake County.	Quarterly

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Department of Human Services, Office of Economi...	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Domes..
Carlton Co Health/Human Services	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	Youth, Subst...
Itasca Co. Health/Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth, Subst...
Department of Human Services, Office of Economi...	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Domes..
Aitkin Co. Family Services and Aitkin Salvation...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Youth, Serio...
City of Aitkin	Public Sector	Local g...	Committee/Sub-committee/Work Group	Domesti c Vio...
Koochiching County Community Services	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Cook Co Human Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Lake County Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
City of Cloquet	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Itasca Co. HRA	Public Sector	Public c ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Koochiching HRA	Public Sector	Public c ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Aitkin Co HRA	Public Sector	Public c ...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Carlton Co HRA	Public Sector	Public c ...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Lake County School District	Public Sector	School ...	Attend 10-year planning meetings during past 12 months	Youth
Aitkin County Juvenile Diversion	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Youth
Workforce Center, Office of Job Training	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE

Workforce Center,OJT	Public Sector	Local	Attend 10-year planning meetings during past 12 months, C...	NONE
USDA Rural Development	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Arrowhead Economic Opportunity Agency	Private Sector	Non-profit	Primary Decision Making Group, Lead agency for 10-year pl...	Youth
Hearth Connection	Private Sector	Non-profit	Primary Decision Making Group, Attend 10-year planning me...	Youth, Seriousl...
KOOTASCA Community Action (Itasca)	Private Sector	Non-profit	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
KOOTASCA Community Action (Koochiching)	Private Sector	Non-profit	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Human Development Center	Private Sector	Non-profit	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
MN Coalition for the Homeless	Private Sector	Non-profit	Primary Decision Making Group, Lead agency for 10-year pl...	Youth, HIV/AIDS
Atkin Advocates Against Domestic Abuse	Private Sector	Non-profit	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Northhome Resource Center	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Lakes and Pines Community Action	Private Sector	Non-profit	Primary Decision Making Group, Lead agency for 10-year pl...	Veterans, Youth
Hardwig House	Private Sector	Non-profit	Committee/Sub-committee/Work Group	Seriously Me...
Advocates for Family Peace	Private Sector	Non-profit	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Minnesota Assistance Council for Veterans	Private Sector	Non-profit	Primary Decision Making Group, Lead agency for 10-year pl...	Veterans
Occupational Development Center	Private Sector	Non-profit	Committee/Sub-committee/Work Group	Seriously Me...
AEOA Free at Last Program	Private Sector	Non-profit	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Northland Counseling	Private Sector	Non-profit	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
North Shore Horizons	Private Sector	Non-profit	Primary Decision Making Group, Lead agency for 10-year pl...	Domestic Vio...

Rapids Recovery	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Carlton Co. Sexual and Domestic Abuse Program	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Hope House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Friends Against Abuse	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Carlton County Family Service Collaborative	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth
Aitkin Ministerial Association	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Lutheran Social Services Youth Outreach	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth
Lutheran Social Services Hope House	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Cloquet Salvation Army	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
The Salvation Army (Koochiching County)	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
The Salvation Army (Itasca County)	Private Sector	Faith-b...	Primary Decision Making Group, Lead agency for 10-year pl...	Seriously Me...
The Salvation Army (Lake County)	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
The Salvation Army (Aitkin County)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Carlton Economic Development Authority	Private Sector	Businesses	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Bremer Bank	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Bonnie H.	Individual	Homeles..	Primary Decision Making Group	Domestic Vio...
Veteran's Service Officers (Lake County)	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Veterans
Veteran's Service Officers (Carlton County)	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Veterans
Veteran's Service Officers (Itasca County)	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Veterans
Deanna L.	Private Sector	Other	Attend 10-year planning meetings during past 12 months	Seriously Me...
Harbor Center	Private Sector	Other	Attend 10-year planning meetings during past 12 months	Seriously Me...

Lynne C	Private Sector	Other	Attend 10-year planning meetings during past 12 months	Seriously Me...
Wendy E	Private Sector	Other	Attend 10-year planning meetings during past 12 months	Seriously Me...
Anita W.	Individual	Homeless...	Attend 10-year planning meetings during past 12 months	NONE
Coca Cola Bottling	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Itasca County Probation	Public Sector	Law enforcement...	Attend 10-year planning meetings during past 12 months, C...	NONE
Lake County Sheriff's Office	Public Sector	Law enforcement...	Attend 10-year planning meetings during past 12 months	NONE
Bovey-Coleraine Youth Center	Private Sector	Non-profit...	Committee/Sub-committee/Work Group	Youth
Dolly W	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Lake County Food Shelf	Private Sector	Non-profit...	Attend 10-year planning meetings during past 12 months	NONE
Fond du Lac Reservatiion	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Bois Forte Reservation	Public Sector	Other	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Grace House	Private Sector	Non-profit...	Primary Decision Making Group, Lead agency for 10-year pl...	Youth, Serio...
Dale O.	Individual	Homeless...	Attend 10-year planning meetings during past 12 months	NONE
Michelle	Private Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
Fond du Lac School	Public Sector	School...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
North Shore collaborative	Public Sector	Other	Attend 10-year planning meetings during past 12 months	Youth
Aitkin Veteran's Service Officer	Public Sector	Local...	Attend 10-year planning meetings during past 12 months, C...	Veterans
Lakeview Memorial Hospital	Private Sector	Hospital...	Attend 10-year planning meetings during past 12 months	Seriously Me...

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply) f. Announcements at Other Meetings, e. Announcements at CoC Meetings, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s):
(select all that apply) b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s):
(select all that apply) a. Unbiased Panel/Review Committee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

Overall, the NE region increased emergency shelter beds by 3. KOOTASCA has one apartment in Koochiching County that they use for emergency shelter. In 2008, they were housing up to three individuals at a time at that unit, so had 3 emergency shelter beds. In 2009, because of the increase in family homelessness, KOOTASCA put additional bunkbeds into that unit so that it contained 6 beds and could house a family of up to 6 people.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

The region went from 34 transitional units in 2008 to 39 units in 2009, but the total number of beds decreased from 100 to 95. KOOTASCA's Itasca TH Program reduced family beds by 3 due to smaller family sizes in these units. KOOTASCA's Kooch TH Program was reduced by 4 beds because a homeless individual was placed in a unit that previously held a homeless family and had 5 beds. Beds in Advocates for Family Peace's VAWA TH increased by 7 due to increased demand. Advocates TH Program decreased from 23 to 17 beds because they placed small families in units that previously held multiple single individuals. AEOA LIFE TH added one bed for the child of a homeless young adult.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

The region went from 100 to 105 permanent housing beds. North Shore Horizon's New Beginnings Permanent Supportive Housing began occupancy in November 2008. This facility added 5 permanent supportive housing units (11 beds) to the NE Inventory, including two beds for chronically homeless individuals. In addition, North Shore Horizons added two scattered site permanent supportive housing units, with a total of 9 beds for homeless families. Beds were lost in the NE Project to End Long Term Homelessness in Fond du Lac (-6), Carlton County (-14), and Bois Forte (-1). These changes had to do with funding availability for this program. Beds were added in the NE Project in Itasca County (+2) and in the Itasca Shelter Plus Care program (+3).

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document. Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	NE 504 HIC 2009	11/25/2009

Attachment Details

Document Description: NE 504 HIC 2009

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 01/28/2009
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: HMIS plus housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Follow-up, Instructions, Updated prior housing inventory information, Other, Confirmation, HMIS
(select all that apply)

Must specify other:

The Housing Inventory Chart was compared with MN Department of Human Services' Quarterly Shelter and Transitional Housing count data from January 28, 2009 to ensure that the number of beds in the inventory corresponded to the number of persons served in emergency shelter and transitional housing on the one-day count.

Indicate the type of data or method(s) used to determine unmet need: Unsheltered count, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

The NE CoC Committee analyzed changes in the bed inventory and bed utilization data to update the unmet needs chart. Because the number of ES beds changed very little and utilization is over 70%, we left the ES need number the same as 2008. Because the number of TH beds decreased by 5, we increased the TH need by 5. The Committee then analyzed bed utilization data on permanent housing. On Jan 28, 101 people were utilizing 105 beds and 1 bed was vacant due to an end of the month move-out. Because of the increased number of sheltered and unsheltered chronic homeless persons, the Committee did not reduce the unmet need for PH even though there was an increase of 5 PH beds.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: MN-501 - Saint Paul/Ramsey County CoC, MN-510 - Scott, Carver Counties CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-511 - Southwest Minnesota CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-504 - Northeast Minnesota CoC, MN-512 - Washington County CoC, MN-506 - Northwest Minnesota CoC, MN-503 - Dakota County CoC, MN-507 - Coon Rapids/Anoka County CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): 08/03/2004
(format mm/dd/yyyy)

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: Other, No or low participation by non-HUD funded providers, Inadequate resources
(select all the apply):

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The CoC currently does not have a plan to address the issue of inadequate resources for HMIS. Currently many organizations and funding sources are facing cut-backs in Minnesota, making it an extremely difficult time to secure additional resources. Similarly, the CoC does not have short-term plans for providing incentives for non-mandated providers to participate in HMIS, although the CoC continues to encourage participation of non-mandated providers by emphasizing the importance of their participation to obtaining HUD homeless assistance dollars for our region. To address the barrier of multiple data systems, the CoC continues to support the efforts of the system administrator (Wilder Research) to implement data transfer via XML, and to support Wilder's efforts to build more reports into the HMIS, including those required by United Way and other funders.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Amherst H. Wilder Foundation

Street Address 1 451 Lexington Parkway North

Street Address 2

City Saint Paul

State Minnesota

Zip Code 55104

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix: Dr.
First Name Craig
Middle Name/Initial
Last Name Helmstetter
Suffix
Telephone Number: 651-280-2700
(Format: 123-456-7890)
Extension
Fax Number: 651-280-3700
(Format: 123-456-7890)
E-mail Address: cdh@wilder.org
Confirm E-mail Address: cdh@wilder.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	21%
* Date of Birth	0%	3%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	1%	0%
* Veteran Status	4%	7%
* Disabling Condition	4%	0%
* Residence Prior to Program Entry	4%	0%
* Zip Code of Last Permanent Address	7%	7%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM); to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? Yes

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? Quarterly

How frequently does the CoC review the quality of program level data? Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system are reviewed closely by state-funded agencies during quarterly and annual reporting periods. State funder's often follow up with agencies whose reports show poor data quality. Additionally, the HMIS Lead Organization (Wilder) staffs an HMIS help desk during business hours. Finally, over the past year Wilder has begun using Abt Associates bed utilization tool to help find inaccurate data entry and has worked with several agencies to clean up data that appears to be of low quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

To date nearly all participation in Minnesota's HMIS is due to funding requirements; Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies. Additionally, over the past year Wilder has begun using Abt Associates bed utilization tool to help find inaccurate data entry and has worked with several agencies to clean up bad program entry and exit data.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Quarterly
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Quarterly
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	Annually
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Quarterly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 02/01/2005

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Never
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children				
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	4	28	13	45
Number of Persons (adults and children)	12	81	48	141
Households without Dependent Children				
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	18	7	38	63
Number of Persons (adults and unaccompanied youth)	19	8	42	69
All Households/ All Persons				
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	22	35	51	108
Total Persons	31	89	90	210

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	12	23	35
* Severely Mentally Ill	18	12	30
* Chronic Substance Abuse	19	12	31
* Veterans	6	4	10
* Persons with HIV/AIDS	0	0	0
* Victims of Domestic Violence	29	7	36
* Unaccompanied Youth (under 18)	3	3	6

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/27/2010
(mm/dd/yyyy)

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encouraged to use the HUD General Extrapolation worksheet.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):**

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

The Sheltered Point in time count was conducted using three sources of data: 1) data from The Department of Human Services' Office of Economic Opportunity's quarterly shelter and transitional housing count on January 28, 2009. 2) HMIS data for all participating emergency shelter and transitional housing providers 3) Survey of shelter and transitional housing providers who did not report data to the Department of Human Services and do not report data in HMIS.

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The Sheltered PIT was conducted using three sources: 1) The DHS Office of Economic Opportunity conducted its shelter and transitional count on January 31. The CoC coordinator entered the count data on the HIC for all organizations that participated. 2) HMIS data was then reviewed. For organizations that did not report one-night housing data but do use HMIS, a count for January 31 was generated. 3) For organizations on the HIC that did not report data for the count, were not participating in HMIS on January 31, or reported different numbers in HMIS and for the one-night count, the Coordinator called the organization to get a point in time count of persons housed on January 31. This information was then compiled, reviewed at two CoC Committee meetings, and reviewed by the Exhibit 1 Review Committee.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

Our numbers present a mixed bag. For emergency shelter there was little change in the number of family and single adult households sheltered from 2008 to 2009. In transitional housing more families were being served but fewer single adults at the point in time count, but the overall total of households served for transitional housing was the same as in 2008. Gathering complete and accurate information is an on-going process. January 28, 2009 was a bitterly cold day in Minnesota with temperatures in the 30 below 0 range, it is likely that many people were doubled up with family and friends and would not have met the HUD definition of homelessness.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encouraged to use the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [A Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy:	<input type="checkbox"/>
Provider expertise:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

Emergency and Transitional Housing Providers that reported one-night count information to the Department of Human Service's Office of Economic Opportunity, also reported on subpopulation information for persons sheltered.

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

The primary way that data on sheltered population is collected is through HMIS intake. As shown on Chart 2E, nearly 100% of emergency and transitional housing clients are asked questions about their status with regards to disabling condition and veteran status. For those that indicate that they have a disabling condition, they are asked follow-up question to determine the nature of the disability. Chronic homelessness is also recorded in HMIS.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Sub-population sheltered count increased for chronically homeless and chronic substance abuse this could be attributed to better identification of people meeting those definitions. In addition, more chronic homeless persons were in TH or ES. As indicated above we had nearly 100% participation of emergency shelter and transitional housing providers completing the disabling condition and veteran status portion of the HMIS intake forms.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)**

Instructions:	<input type="checkbox"/>
Training:	<input type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

Prior to the quarterly shelter and transitional housing count, the Department of Human Services' Office of Economic Opportunity consults with the NE CoC Coordinator and the HMIS Lead Organization to update its website of shelter and transitional housing providers. Participants are contacted with instructions for conducting the one-day count. They receive e-mail reminders to do the count and return the data, and receive phone and e-mail reminders to send in the count data.

The Department of Human Services provided the NE Continuum of Care with an excel spreadsheet that showed the persons counted in emergency shelter or transitional housing on January 28, 2009. The NE CoC coordinator shared this spreadsheet with all shelter and transitional housing providers on the Housing Inventory Chart to double-check DHS's accuracy and reviewed the data at a CoC meeting. For organizations that did not provide data to DHS for the January 28 count, Wilder Research Center (HMIS Lead organization) pulled HMIS data by organization for persons sheltered or housed in transitional housing on that night. Organizations that provide shelter but did not participate in the shelter/transitional count on January 28, 2009 and do not participate in HMIS provided client data for any persons served on that date.

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

Duplication is nearly eliminated in the NE Continuum because this was a one-day count conducted over a very broad geographic area (13,000 square miles). In addition, because the NE region has one 10-bed shelter in Grand Rapids and one youth shelter in Cloquet, 70 miles away, we do not believe that homeless persons would be counted at both locations. Also, because the transitional programs require a formal intake and assessment process, it is extremely unlikely that a homeless individual or family would be counted at more than one transitional housing facility in one day.

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see
¿A Guide to Counting Unsheltered Homeless People¿ at:
http://www.hudhre.info/documents/counting_unsheltered.pdf.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

1) The Northeast Continuum of Care Coordinator manually reviewed the point-in-time surveys to check for duplication. 2) Homeless persons were asked to provide their mother's maiden name as a way of checking for duplication. 3) Providers who conducted surveys in each area met to go over surveys to ensure there was no duplication. 4) The NE Continuum covers six rural and sparsely populated counties, with a total geographic area of 13,000 miles. Because the count was held on one winter day, we had reason to believe that most homeless people would not travel the significant distances between the cities where the unsheltered counts were centered and therefore, would not be counted more than once.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

There was a decrease in the number of unsheltered families from 2008 to 2009. NE CoC has worked tirelessly to develop more resources to serve families including accessing federal resources (HPRP) and state resources (Family Homeless Prevention and Assistance Program). These efforts have paid off in fewer unsheltered families. The NE CoC works with all its providers to maximize resources to homeless families.

CoC efforts to reduce the number of unsheltered homeless households with children include:

- Opening the 10 bed Grace House Emergency Shelter;
- Developing Homeless Prevention and Rapid Rehousing Projects in 5 of 6 counties;
- Developing the Fond du Lac Supportive Housing Project with 21 family units;
- Developing New Beginnings Permanent Supportive Housing with 4 family units;
- Expanding Operation Community Connect homeless outreach event to 4 of 6 counties;
- Expanding the NE Project to End Long Term homelessness to serve additional long-term homeless families in Itasca, Lake and Carlton Counties and on the Fond du Lac Reservation.
- Expanding homeless prevention activities to Lake County,
- Engaging churches to fund an emergency shelter unit in Lake County,
- Engaging faith and civic groups to start an emergency shelter program in Koochiching County, and
- Developing a regional Plan to End Homelessness and County-level Action Plans to End Homelessness in 6 counties.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The NE CoC has increased its outreach efforts through increased state and federal resources. For our next Point in Time count teams will be established in each of the six counties to identify and count unsheltered people. Extensive contact lists will be updated and go beyond traditional social service sites to include places such as laundromats, cafes, bus stations, grocery stores, bars, drop-in centers, jails and campgrounds. Letters and flyers will be sent and posted in these locations and in all known food, shelter and social service providers including probation officers and financial workers notifying them of the unsheltered count and asking them to call a member of the team on the day of the count if they encounter someone who is unsheltered. We continue to review and modify our methods to include more providers and more locations where unsheltered persons maybe.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

People who are severely mentally ill, veterans, victims of domestic violence declined in this survey compared to 2008. Chronically homeless and youth slightly increased from 2008. The Point in time count was done on a bitterly cold day in January and could have affected the count as many people who were homeless were instead doubled up with family or friends.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

- 1) The Fond Du Lac Reservation will begin construction of a 24 unit permanent supportive housing project. Three units will be designated for chronic homeless persons. (Amy Wicklund, Fond du Lac Reservation, Economic Development Planner)
- 2) Existing McKinney-Vento-funded Permanent Housing Projects (Midway Villa SRO and Itasca County Shelter Plus Care) will continue to do outreach to chronically homeless persons and will maintain at least five beds in these programs for chronic homeless persons (Audrey Moen, Northland Counseling, Coordinator).
- 3) The NE Project to End Long Term Homelessness (David O'Leary, Regional Coordinator, Hearth Connection) will expand outreach to chronically homeless persons and provide at least one more unit of scattered site permanent supportive housing to a chronically homeless person.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

- 1) Advocates Against Domestic Abuse is the predevelopment phase of a permanent supportive housing facility that will include 2 units for chronic homeless individuals. (Lisa Hamilton, Executive Director, Advocates Against Domestic Abuse)
- 2) The NE CoC intends to continue adding scattered site permanent supportive housing units through the NE Project to End Long Term Homelessness which is administered by Hearth Connection. (Patty Beech, CoC Coordinator; and David O'Leary, Regional Coordinator, Hearth Connection)

How many permanent housing beds do you currently have in place for chronically homeless persons? 13

How many permanent housing beds do you plan to create in the next 12-months? 16

How many permanent housing beds do you plan to create in the next 5-years? 19

How many permanent housing beds do you plan to create in the next 10-years? 27

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

In the past year Itasca County Shelter Plus Care increased the percentage staying at least 6 months from 45% to 82%. Midway Villa also increased the percentage staying at least 6 months from 55% to 56%. To increase the overall percentage from 69% to 77% staff at Midway Villa will continue to improve their tenant selection policies so they admit people who want a long-term housing situation. They will also continue to provide case management and supportive services that help to create a stable long-term environment for the tenants.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The NE CoC will continue to provide opportunities for agencies serving the homeless to learn best practices for retaining participants. The NE CoC believes that strong case management tailored to the needs of each person is the best way to increase the percentage of people staying in permanent housing. Case management will also connect program participants to mainstream resources such as SSI/SSDI, veterans benefits, Medicaid, and food support. Partnerships with agencies that traditionally provide case management such as the local Adult Mental Health Initiative will be strengthened to increase the services available to persons in permanent supportive housing.

What percentage of homeless persons in permanent housing have remained for at least six months? 69

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 77

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 78

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 80

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

- 1) Arrowhead Economic Opportunity Agency will maintain case management and housing placement at LIFE TH to ensure at least 65% move to ph. The current percentage is 67.7%. (Gwen Grell, Youth Services Director, AEOA)
- 2) AEOA will provide case management and increase housing placement to participants in Lake County TH to maintain the percentage who move to ph to at least 65%. The current percentage is 100%. (Val Strukel, Emergency Services Director, AEOA)
- 3) Minnesota Assistance Council for Veterans will maintain case management and housing placement services at Veterans Outreach North to ensure that at least 65% move to permanent housing. The current percentage is 100%. (Steve Saari, Transitional Housing Coordinator, MACV)
- 4) Itasca TH will maintain independent living skills, case management, and housing placement services so that at least 65% of participants move to permanent housing. The current percentage is 100%. (Becky Boelter, Crisis Housing Coordinator, KOOTASCA).

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The NE Continuum has a very successful model of transitional housing that is focused on assisting people to find and maintain permanent housing. The current percentage of TH participants who move to PH is 96%.

The long-term plan to maintain the percentage of homeless persons who move to permanent housing at at least 65% is to maintain best practices that are currently in place and to train new staff in these practices. Successful strategies include: providing regular, comprehensive case management; maintaining positive relationships with local landlords and regularly checking for vacancies; assisting TH participant to apply for Section 8 soon after they enter TH so their name comes up on the waiting list in 18-24 months; assisting persons in TH to secure employment so they can afford rent; assisting TH participants to clean up any credit problems; and connecting TH participants to mainstream services that will help them pay for and maintain permanent housing.

What percentage of homeless persons in transitional housing have moved to permanent housing? 96

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 70

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 72

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 75

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Northeast CoC has exceeded the threshold by obtaining 44% on this objective. While the CoC is proud of our performance we don't believe that it is sustainable in this economy. Northeast Minnesota is suffering from high unemployment averaging 15% in most of our region. This will impact our ability to achieve employment for people exiting our programs and we have established our 12 month goal at 20% believing it is more realistic for our region. Permanent supportive housing providers and transitional housing providers will continue to work closely with our local Workforce Centers and agencies that provide employment and training services for persons with disabilities. The CoC will monitor APRs to ensure that providers are accessing all resources to help their participants get and keep employment.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC will strengthen relationships with Workforce Centers and the Adult Mental Health Initiative to increase the employment opportunities for participants in our various housing programs. We believe that strong case management is the key to participants achieving self-sufficiency and will present best practices regarding case management and employment at monthly CoC meetings.

What percentage of persons are employed at program exit? 44

In 12-months, what percentage of persons will be employed at program exit? 20

In 5-years, what percentage of persons will be employed at program exit? 23

In 10-years, what percentage of persons will be employed at program exit? 25

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

- 1) NE Continuum of Care organizations (Lakes and Pines Community Action, Arrowhead Economic Opportunity Agency, and KOOTASCA Community Action) will begin implementation of the Homeless Prevention and Rapid Rehousing Program in 2010.
- 2) Fond du Lac Reservation will complete construction, in 2010, of the Fond Du Lac Supportive Housing Project, which will include 21 units and 59 beds for homeless families with children.
- 3) The Koochiching Housing Issues Advisory Committee will begin implementation, in December 2009, of a 10 unit faith-based emergency shelter program which will provide 10 beds. It is expected that 30-50% of the beds will be occupied by homeless families with children.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

- 1) Advocates Against Abuse is in the predevelopment phase of a supportive housing development which will include 8-14 units for homeless families with children.
- 2) The Lake County Homeless Coalition will apply for Family Homeless Prevention and Assistance Program for the 2011-2012 biennium. Lake County is one of the few counties in MN not covered by the program, and the Coalition has been educating the public about the invisibility of homelessness in this rural county.
- 3) The Corporation for Supportive Housing will provide TA and training on the development of permanent supportive housing for homeless families.
- 4) The Bois Forte Reservation is in the pre-development phase of a permanent supportive housing development for homeless families and individuals. Although this project will be located in St. Louis County, it is expected to decrease the number of homeless families who are Band members but currently living in the NE region.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 45

In 12-months, what will be the total number of homeless households with children? 40

In 5-years, what will be the total number of 32
homeless households with children?

In 10-years, what will be the total number of 23
homeless households with children?

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The NE Continuum of Care Committee has developed "Heading Home NE: A 10-Year Plan to End Homelessness" which was completed in January 2009. As part of this planning process, the Committee assisted the MN Coalition for the Homeless and Grasstops with policy development for the Runaway and Homeless Youth Act, which addresses discharge planning for youth in foster care. The Committee's 10 year planning meetings have also included County Social Service staff from Aitkin, Carlton, Koochiching, Lake and Cook Counties. By state statute counties must develop, review and regularly update a transition plan for all youth and young adults in foster care. This planning process should ideally begin at age 14, but must be in place by age 16. The transition plan must include a plan for housing that is realistic and flexible. Foster care youth may request that foster care is extended until the youth is 21 years old. Foster care youth are typically discharged to affordable housing options including subsidized housing and transitional housing and are provided life skills.

Health Care:

The NE Continuum of Care Committee developed "Heading Home NE: A 10-Year Plan to End Homelessness" which will be completed in January 2009. As part of this planning process, the NE CoC Coordinator and CoC members talked to or met with representatives from Lakeview Memorial Hospital (Lake County), Sawtooth Mountain Clinic (Cook County), and Grand Itasca Hospital (Itasca County) regarding the needs of homeless and low income people who are being discharged from medical facilities in NE Minnesota. Hospitals and clinics typically consult with local non-profits to assist with discharge planning so that people are not discharged from the hospital to homelessness.

Mental Health:

The following mental health organizations have participated in planning meetings related to discharge planning:

- Region 2 Mental Health Initiative, public and private providers of services and housing to persons with MI,
- Human Development Center, community mental health agency in Carlton County
- Northern Pines Mental Health Center, serving Aitkin County,
- Northland Counseling Mental Health Center, Serving Itasca County
- Northland Counseling Center, community mental health agency in Itasca, Aitkin, and Koochiching Counties,
- Outreach Center, peer drop-in center for persons with MI in Carlton County,
- Harbor House, peer drop-in center in Lake County
- Staff at the peer drop in center in Aitkin County
- Outreach Center apartments, permanent supportive housing for persons with MI in Carlton County,
- Carlton, Aitkin, Lake, Koochiching County Human Services, mental health case management funder and licensor
- Dolly Wood, retired adult foster care owner,
- Lynne C, person with mental illness
- Anita W, person with mental illness
- Wendy E, person with mental illness
- Sherry J, parent of a youth with mental illness, and
- Access North, provider of independent living skills and advocacy for persons with disabilities. When persons with mental illness are discharged from a local or state regional treatment center they typically go to adult foster care or are assisted with finding suitable housing in the community with a state subsidized rental subsidy.

Corrections:

The following law enforcement and corrections representatives have participated in discharge planning: Itasca County Probation, Lake County Sheriff's Department, MN Department of Corrections, Aitkin County Jail. Two other initiatives have been implemented in conjunction with the Plan: County jail officials in Aitkin met with the Homeless Coalition and other nonprofit and volunteer organizations to a planning meeting. The focus was sharing information on the jail's new mental health assessment, working together to better meet the needs of inmates, and discussing methods for improving discharge planning. This was the first time a meeting of this type was initiated by a jail in the region. It has led to improved services for inmates and increased communication among service providers prior to and after discharge. Minnesota Assistance Council for Veterans provided a training for judges and other judicial and law enforcement personnel in Itasca County to educate them about the needs of homeless veterans and the resources available to veterans being discharged from jail or other correctional facilities. MACV is working to replicate a discharge planning protocol for veterans from a neighboring county. People discharging from jail or correctional facilities are offered services to assist with housing based on target population (mentally ill or veteran). The state correctional facilities do exhaustive discharge planning with inmates so that no one is homeless at release.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?

Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

Goals from the NE HOME Consortium's Consolidated Plan include:

- Preserve and expand the supply of affordable housing through new construction, rehabilitation and home ownership opportunities. (specifically identifies shelter, permanent housing, supportive housing, transitional housing and supportive services for the homeless).

- Expand economic opportunity through increased employment opportunities and an increased tax base. (includes employment skills training)

Goals from the State of Minnesota's Consolidated Plan include:

- Provide housing and appropriate support service options to those experiencing long-term homelessness so they can be successfully housed over the long-term.

- Meet the needs of the broader homeless and near homeless populations as this goal is pursued

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The NE CoC reviewed and commented on the substantial amendment and several members of the NE CoC attended the public hearing. The Continuum organized 4 HPRP planning meetings to assist regional organizations to cooperatively develop HPRP programs and to work together to minimize duplication of roles and responsibilities. The NE CoC reviewed and approved all the HPRP applications for funding from our region as Certification of Consistency with the Continuum of Care was required. Several housing providers from our region received HPRP funding and are now taking referrals and working with families, single adults and youth who are homeless or at risk of homelessness.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The northeast region of Minnesota did not receive any NSP funding. The Indian reservation in our region received HUD NAHSDA funding to improve their housing. VASH is available through three Housing Authorities and two VA Hospitals in the state. Although VASH is not available in our region, all veterans are told of this resource and how to access it. The city of Grand Rapids did receive some ARRA small city grant funding for rehab on rental properties.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	11	Beds	13	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	72	%	69	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	70	%	96	%
Increase percentage of homeless persons employed at exit to at least 19%	46	%	44	%
Decrease the number of homeless households with children.	40	Households	45	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The NE CoC did not meet the objective of having people staying in permanent housing for six months or longer. With a small continuum one person leaving can drop the percentage below the HUD national objectives. In addition, some people leave permanent housing for positive reasons. In the case of Midway Villa SRO, some people leave to get a bigger apartment or one that doesn't have a shared bathroom. One person left to become a caretaker at another apartment building. One required a higher level of services so moved to adult foster care.

The region also increased the total number of homeless households with children from 40-45, but we decreased the number of unsheltered homeless households with children from 18 to 13 by increasing the number of homeless families in TH.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	27	16
2008	24	8
2009	35	13

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$53,415	\$154,782	\$45,748	\$136,530
Operations	\$27,036				
Total	\$27,036	\$53,415	\$154,782	\$45,748	\$136,530

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The number of chronically homeless persons increased from 2008. We believe that our increased outreach found more people who are chronically homeless. We continue to increase the development of housing for people who are chronically homeless. In addition, we are now serving more people who are chronically homeless in emergency shelter and transitional housing because we do not yet have enough permanent housing beds for this population.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	15
b. Number of participants who did not leave the project(s)	27
c. Number of participants who exited after staying 6 months or longer	11
d. Number of participants who did not exit after staying 6 months or longer	18
e. Number of participants who did not exit and were enrolled for less than 6 months	0
TOTAL PH (%)	69

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	23
b. Number of participants who moved to PH	22
TOTAL TH (%)	180

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 72

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	9	13	%
SSDI	7	10	%
Social Security	0	0	%
General Public Assistance	2	3	%
TANF	3	4	%
SCHIP	0	0	%
Veterans Benefits	10	14	%
Employment Income	32	44	%
Unemployment Benefits	2	3	%
Veterans Health Care	5	7	%
Medicaid	5	7	%
Food Stamps	19	26	%
Other (Please specify below)	3	4	%
2 child support, 1 settlement			
No Financial Resources	15	21	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR Yes
should have been submitted?

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

Organizations that have HUD renewal projects are required by the NE CoC Committee to present a draft APR one month before it is due to HUD. Committee members are given a draft APR prior to the meeting. The organization responsible for the APR goes through the report and answers questions about its outcomes. Particular attention is paid to the percentage of participants that secure employment, move from transitional housing to permanent housing, remain housed for over six month in permanent housing, and secure mainstream resources. If the program's outcomes do not meet HUD's standards, the organization is required to report to the Committee on the changes they will implement to achieve housing these standards. Twice a year the Committee reviews a spreadsheet that compares the outcomes of each renewal project to HUD's standards. APR performance is also used by the NE CoC committee as a factor in the rating of projects for the annual HUD SuperNOFA application.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

April 6, 2009
June 1, 2009
September 14, 2009

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Semi-annually

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

Medical Assistance, Minnesota Care, General Assistance Medical Care/GAMC, Minnesota Family Investment Program MFIP/TANF, General Assistance/GA, Minnesota Supplemental Assistance/MSA, emergency assistance, and food support

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

The State of Minnesota's Department of Human Services has held a total 18 SOAR trainings throughout the state. COC participants from the NE region participated on May 7, 2007 in Itasca County, on January 22, 2008 in Pine County, on May 5, 2008 in Carlton County, and on June 24, 2009 in Crow Wing County.

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	90%
Nearly all homeless assistance providers utilize a barriers assessment as part of HMIS. Based on a client's barriers, the homeless assistance provider provides copies of applications for which the client may be eligible. Case managers sit down with the client to help them fill out the application, and in many cases, provide transportation to drop off the application.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	90%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Homeless Assistance providers assist homeless persons to complete the application for assistance from the County. This one application covers food support, cash assistance, medical coverage, and child care.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	90%
4a. Describe the follow-up process:	
All homeless assistance providers have case managers that follow-up with clients, as part of on-going case management, to ensure that mainstream benefits are received. In most cases, clients in homeless programs have case plans that include goals related to enrollment in mainstream programs. As case managers regularly review client goals and achievements, they determine which mainstream benefits have been secured, and follow-up with clients to ensure that other benefits they are eligible for are applied for and secured.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Part A
Lead Agency:

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	No
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html .)	No
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	Yes
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	Yes
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	No
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	No

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	No
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Transitiona l Hous...	2009-11-18 15:16:...	1 Year	Arrowhead Economi...	26,276	Renewal Project	SHP	TH	F
Northeast Minneso...	2009-11-06 10:54:...	1 Year	The Salvation Army	45,108	Renewal Project	SHP	SSO	F
Itasca Transition.. .	2009-11-23 16:58:...	1 Year	Kootasca Communit.. ..	32,019	Renewal Project	SHP	TH	F
Veterans Outreach...	2009-11-20 17:16:...	1 Year	Minnesota Assista...	58,889	Renewal Project	SHP	TH	F
HMIS Northeast	2009-11-15 21:06:...	1 Year	Amherst H. Wilder...	19,999	Renewal Project	SHP	HMIS	F
OUTREAC H CENTER A...	2009-11-23 12:41:...	1 Year	HUMAN DEVELOP MENT...	16,417	Renewal Project	SHP	PH	F
LIFE Transitiona l...	2009-11-18 10:38:...	1 Year	Arrowhead Economi...	20,600	Renewal Project	SHP	TH	F
Butlers Building ...	2009-11-24 22:47:...	2 Years	Advocates Against...	24,841	New Project	SHP	PH	P1

Budget Summary

FPRN \$219,308
Permanent Housing Bonus \$24,841
SPC Renewal \$0
Rejected \$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Cert of Con North...	11/24/2009

Attachment Details

Document Description: Cert of Con Northeast